

UNITED STATES BANKRUPTCY COURT Southern District of Ohio **PROOF OF CLAIM**

Name of Debtor Triad Resources, Inc Case Number 2-08-62733

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A claim for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503

Name of Creditor (the person or other entity to whom the debtor owes money or property) DODSON PEST CONTROL Check this box if the claimant amends a previous claim.

Name and address where notices should be sent DODSON PEST CONTROL
PO BOX 17242
BALTIMORE, MD 21297-0504
PO Box 10249
Lynchburg, VA 24506
Telephone number 434/847-9051

Name and address where payment should be sent (if different from above)
Dodson Pest Control
PO Box 10249
Lynchburg, VA 24506
Telephone number 434/847-9051

1. Amount of Claim as of Date Case Filed: \$ 218.00
If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4
If all or part of your claim is entitled to priority, complete item 5
 Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges

2. Basis for Claim: Pest Control Services
(See instruction #2 on reverse side)

3. Last four digits of any number by which creditor identifies debtor: 2800, 2801, 2802
3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side)

4. Secured Claim (See instruction #4 on reverse side)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information
Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe:
Value of Property: \$ _____ Annual Interest Rate: %
Amount of arrearage and other charges as of time case filed included in secured claim,
if any: \$ _____ Basis for perfection: _____
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ 218.00

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING

If the documents are not available, please explain

Date: 4/13/09 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
Janice O. Dwyer, Credit Manager

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

REC'D
APR 24 2009
FILED
09 APR 24 PM 3:30
CLERK
U.S. BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO

GOVERNMENT ACCOUNT YES NO

MAIL CONSOLIDATED

LEAVE COD

CENTRAL BILLING

CENTRAL BILLING #



DODSON BROS.
PEST CONTROL
SERVICE AGREEMENT

852800

ROUTE # 104

TYPE OF ACCOUNT PRICE INCREASE

DATE: MONTH 09 DAY 12 YEAR 2003

HOME OFFICE LYNCHBURG VA

SERVICE OFFICE Parkersburg 119

CUSTOMER NAME **Triad** SS # - -

ATTENTION (If Applicable) **Kean A Weaver - President** PO # (If Applicable)

BILLING ADDRESS (STREET) **PO Box 430** WORK PHONE **740 374-2940** HOME PHONE

BILLING ADDRESS (CITY) **Reno Reno** (STATE) **OH.0** (ZIP) REQUIRED **45773**

SERVICE ADDRESS (STREET) (IF DIFFERENT FROM BILLING) **Rt 7** MAP COORDINATES

SERVICE ADDRESS (CITY) (IF DIFFERENT FROM BILLING) **Reno** (STATE) **OH** (ZIP) REQUIRED **45773**

DOES CUSTOMER REQUIRE DODSON BROS SANITATION REPORT? YES NO

ANNUAL SERVICE CHECK ONE BLOCK MONTHLY EOM QUARTERLY

PAYABLE ADVANCE AS SERVICES RENDERED

PEST COVERAGE SECTION		SERVICED BY INSPECTOR	INITIAL SERVICE
MARK THE BOX BESIDE THE PEST(S) WHICH ARE THE PRIMARY TARGET(S) OF THIS SERVICE AGREEMENT ALL THE OTHER PESTS LISTED ARE COVERED AT NO ADDITIONAL CHARGE HOWEVER TREATMENT IS ONLY PERFORMED WHEN NEEDED		<input checked="" type="checkbox"/>	100.00
<input type="checkbox"/> ROACHES <input type="checkbox"/> PAVEMENT ANTS <input checked="" type="checkbox"/> MICE <input type="checkbox"/> RATS <input checked="" type="checkbox"/> SPIDERS <input type="checkbox"/> SILVERFISH <input type="checkbox"/> CRICKETS		NUMBER OF MONTHS 11 x 50.00	550.00
<input type="checkbox"/> EARWIGS <input type="checkbox"/> GROUND BEETLES <input type="checkbox"/> PILLBUGS AND SOWBUGS <input type="checkbox"/> OTHER _____		SUBTOTAL	650.00
		SALES TAX (If Applicable)	39.00
		TOTAL	689.00
		PAID ON ACCOUNT	- 0 -
		BALANCE	689.00

DIRECTIONS TO PROPERTY **Come thru Reno Turn R. at Image one graphics sign on L. go to end of street Triad on L. side off street**

SPECIAL INSTRUCTIONS

LOCATION OF INSTALLED RODENT CONTROL EQUIPMENT (If Applicable)

RESTRICTIONS TO SERVICE SCHEDULE

BEGIN SERVICE **9/18/03** SERVICE SCHEDULE **1 WEEK 3** DAY OF EACH MONTH

THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE ARE ACCEPTED AND DODSON BROS IS AUTHORIZED TO PERFORM THE SERVICES AS SPECIFIED THIS AGREEMENT IS SUBJECT TO A 1.5% MONTHLY LATE FEE ON OVERDUE BALANCES

Butch Smith 119229 PERSONNEL NUMBER **x Amy Casto** CUSTOMER SIGNATURE

Wayne Woodard DISTRICT MANAGER'S APPROVAL

LEAD FOR DODSON BROS EMPLOYEE PERSONNEL NUMBER

PGM A/R HISTORY ACTIVITY INQUIRY GAYLEBIRD
 GPL3001R14 A/R INQUIRY (P_F14) GPL3001481

Dist#/Acct#/Route#/Name 19 852800 04 TRIAD

Terms M (M)ail (C)ons (H)BillHld Invoice Contract 9/12/03
 Srv Mth JFMAMJJASOND MthSrvChg 50 00 (L)egal Cancel Date 1/08/09
 Int Sv 100 00 A/R BAL 00

Last (Stmt) 9/30/2008 (Inv) 12/12/2008 (Serv) 12/12/2008 (Pay) 12/01/2008

Lin#	TranDate	MM/YY	Ticket number	Cod	Debit\$	Credit\$	MoEnd Bal	Due Date
121	10/17/08	10/08	19-852800-10-2-5		50 00			11/06/08
122	10/27/08	10/08	19-852800-08-2-5	PYL		50 00		
123	10/27/08	10/08	19-852800-09-2-5	PYL		50 00	50 00	
124	11/07/08	11/08	19-852800-11-2-5		50 00			11/27/08
125	11/10/08	11/08	19-852800-10-2-5	PYL		50 00		
126	12/01/08	11/08	19-852800-11-2-5	PYL		50 00	00	
127	12/12/08	12/08	19-852800-12-2-5		50 00		50 00	/01/09
128	1/12/09	01/09	19-852800-12-2-5	CAN		50 00	00	

Mo ___ Yr ___ <--Goto 3250 00 3250 00 = 00 Bottom

F2=FASTPATH F5=SEARCH F8=A/R CURRENT F10=More F13=ALL NOTES
 F3=EXIT F9=MAST ADJUST F12=PREVIOUS F23=PRINT

/

OFFICE USE

GOVERNMENT ACCOUNT YES NO

MAIL CONSOLIDATED

LEAVE COD

CENTRAL BILLING

CENTRAL BILLING #



ACCOUNT # 852801

ROUTE # 104

TYPE OF ACCOUNT 107 PRICE INCREASE

DATE MONTH 06 DAY 01 YEAR 04

HOME OFFICE LYNCHBURG VA

SERVICE OFFICE Parkersburg WA

CUSTOMER NAME Triad SS # - - -

ATTENTION (If Applicable)

PO # (If Applicable)

BILLING ADDRESS (STREET) P O Box 430 WORK PHONE HOME PHONE

BILLING ADDRESS (CITY) Reno (STATE) OH (ZIP) REQUIRED 45773

SERVICE ADDRESS (STREET) (IF DIFFERENT FROM BILLING) Rt 7 - AFLAC Building MAP COORDINATES

SERVICE ADDRESS (CITY) (IF DIFFERENT FROM BILLING) Reno (STATE) OH (ZIP) REQUIRED 45773

DOES CUSTOMER REQUIRE DODSON BROS SANITATION REPORT? YES NO

ANNUAL SERVICE CHECK ONE BLOCK MONTHLY E.O.M QUARTERLY

PAYABLE ADVANCE AS SERVICES RENDERED

PEST COVERAGE SECTION

MARK THE BOX BESIDE THE PEST(S) WHICH ARE THE PRIMARY TARGET(S) OF THIS SERVICE AGREEMENT ALL THE OTHER PESTS LISTED ARE COVERED AT NO ADDITIONAL CHARGE HOWEVER TREATMENT IS ONLY PERFORMED WHEN NEEDED

ROACHES EARWIGGS
 PAVEMENT ANTS GROUND BEETLES
 MICE PILLBUGS AND SOWBUGS
 RATS OTHER _____
 SPIDERS _____
 SILVERFISH _____
 CRICKETS _____

SERVICED BY INSPECTOR <input type="checkbox"/> INITIAL SERVICE	<u>+</u>
NUMBER OF MONTHS <u>12</u> x <u>\$50.00</u>	<u>600.00</u>
SUBTOTAL	<u>600.00</u>
SALES TAX (If Applicable)	<u>36.00</u>
TOTAL	<u>636.00</u>
PAID ON ACCOUNT	<u>mail</u>
BALANCE	<u>636.00</u>

DIRECTIONS TO PROPERTY

SPECIAL INSTRUCTIONS

LOCATION OF INSTALLED RODENT CONTROL EQUIPMENT (If Applicable)

RESTRICTIONS TO SERVICE SCHEDULE

BEGIN SERVICE 6/10/04 SERVICE SCHEDULE 2 WEEK 5 DAY OF EACH MONTH

THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE ARE ACCEPTED AND DODSON BROS IS AUTHORIZED TO PERFORM THE SERVICES AS SPECIFIED THIS AGREEMENT IS SUBJECT TO A 1.5% MONTHLY LATE FEE ON OVERDUE BALANCES

DODSON BROS. REPRESENTATIVE [Signature] PERSONNEL NUMBER 119232 X CUSTOMER SIGNATURE [Signature]

LEAD FOR DODSON BROS EMPLOYEE PERSONNEL NUMBER [Blank] DISTRICT MANAGER'S APPROVAL Wayne Woodard

PGM A/R HISTORY ACTIVITY INQUIRY GAYLEBIRD
 GPL3001R14 A/R INQUIRY (P_F14) GPL3001481

Dist#/Acct#/Route#/Name 19 852801 04 TRIAD

Terms M (M)ail (C)ons (H)BillHld Invoice Contract 6/01/04
 Srv Mth JFMAMJJASOND MthSrvChg 52 00 (L)egal Cancel Date 1/08/09
 ----- Int Sv 00 A/R BAL 00

Last (Stmt) 8/31/2008 (Inv) 12/12/2008 (Serv) 12/12/2008 (Pay) 12/01/2008

Lin#	TranDate	MM/YY	Ticket number	Cod	Debit\$	Credit\$	MoEnd Bal	Due Date
121	11/10/08	11/08	19-852801-10-2-5	PYL		52 00		
122	12/01/08	11/08	19-852801-11-2-5	PYL		52 00	00	
123	12/12/08	12/08	19-852801-12-2-5		52 00		52.00	1/01/09
124	1/12/09	01/09	19-852801-12-2-5	CAN		52 00	00	

Mo ___ Yr ___ <--Goto 2938 00 2938 00 = Bottom
 00

F2=FASTPATH F5=SEARCH F8=A/R CURRENT F10=More F13=ALL NOTES
 F3=EXIT F9=MAST ADJUST F12=PREVIOUS F23=PRINT

GOVERNMENT ACCOUNT YES NO

MAIL CONSOLIDATED

LEAVE COD

CENTRAL BILLING

CENTRAL BILLING #



ROUTE # 104

TYPE OF ACCOUNT 017 PRICE INCREASE

DATE: MONTH 09 DAY 26 YEAR 07

HOME OFFICE -- LYNCHBURG, VA SERVICE OFFICE PARKERSBURG 19

CUSTOMER NAME TRIAD SS # - -

ATTENTION (If Applicable) PO # (If Applicable)

BILLING ADDRESS (STREET) P.O. BOX 430 WORK PHONE 374-2940 HOME PHONE

BILLING ADDRESS (CITY) RENO (STATE) OHIO (ZIP) REQUIRED 45733

SERVICE ADDRESS (STREET) (IF DIFFERENT FROM BILLING) RT 7 MAP COORDINATES

SERVICE ADDRESS (CITY) (IF DIFFERENT FROM BILLING) RENO (STATE) OHIO (ZIP) REQUIRED 45773

DOES CUSTOMER REQUIRE DODSON BROS SANITATION REPORT? YES NO

ANNUAL SERVICE CHECK ONE BLOCK MONTHLY E O M QUARTERLY

PAYABLE ADVANCE AS SERVICES RENDERED

PEST COVERAGE SECTION		SERVICED BY INSPECTOR <input type="checkbox"/> INITIAL SERVICE	
MARK THE BOX BESIDE THE PEST(S) WHICH ARE THE PRIMARY TARGET(S) OF THIS SERVICE AGREEMENT ALL THE OTHER PESTS LISTED ARE COVERED AT NO ADDITIONAL CHARGE HOWEVER TREATMENT IS ONLY PERFORMED WHEN NEEDED		NUMBER OF MONTHS	<u>12 x 33.00</u>
<input checked="" type="checkbox"/> ROACHES	<input type="checkbox"/> EARWIGS	SUBTOTAL	<u>396.00</u>
<input checked="" type="checkbox"/> PAVEMENT ANTS	<input type="checkbox"/> GROUND BEETLES	SALES TAX (If Applicable)	<u>23.76</u>
<input checked="" type="checkbox"/> MICE	<input type="checkbox"/> PILLBUGS AND SOWBUGS	TOTAL	<u>419.76</u>
<input checked="" type="checkbox"/> RATS	<input type="checkbox"/> OTHER _____	PAID ON ACCOUNT	<u>MAIL</u>
<input checked="" type="checkbox"/> SPIDERS	_____	BALANCE	<u>419.76</u>
<input type="checkbox"/> SILVERFISH	_____		
<input type="checkbox"/> CRICKETS	_____		

DIRECTIONS TO PROPERTY

SPECIAL INSTRUCTIONS MODULAR OFFICE BLDG

LOCATION OF INSTALLED RODENT CONTROL EQUIPMENT (If Applicable)

RESTRICTIONS TO SERVICE SCHEDULE

BEGIN SERVICE 9/14/07 SERVICE SCHEDULE 2 WEEK 5 DAY OF EACH MONTH

THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE ARE ACCEPTED AND DODSON BROS IS AUTHORIZED TO PERFORM THE SERVICES AS SPECIFIED THIS AGREEMENT IS SUBJECT TO A 1.5% MONTHLY LATE FEE ON OVERDUE BALANCES

Wayne Woodard 119122 XPER KATHY TUCKER
DODSON BROS REPRESENTATIVE PERSONNEL NUMBER CUSTOMER SIGNATURE

CRAIG HENDERSHOT 119267 Leo Samp
LEAD FOR DODSON BROS EMPLOYEE PERSONNEL NUMBER DISTRICT MANAGER'S APPROVAL

4/03/09 PGM A/R HISTORY ACTIVITY INQUIRY 7
 GPL3001R14 A/R INQUIRY (P_F14) GAYLEBIRD
 GPL3001481

Dist#/Acct#/Route#/Name 19 852802 04 TRIAD

Terms M (M)ail (C)ons (H)BillHld Invoice Contract 9/26/07
 Srv Mth JFMAMJJASOND MthSrvChg 83 00 (L)egal Cancel Date 1/08/09
 Int Sv 00 A/R BAL 00

Last (Stmt) 12/31/2008 (Inv) 12/12/2008 (Serv) 12/12/2008 (Pay) 12/01/2008

Lin#	TranDate	MM/YY	Ticket number	Cod	Debit\$	Credit\$	MoEnd Bal	Due Date
33	11/07/08	11/08	19-852802-11-2-5		83 00			11/27/08
34	11/10/08	11/08	19-852802-09-2-5	PYL		33 00		
35	11/10/08	11/08	19-852802-10-2-5	PYL		50 00		
36	12/01/08	11/08	19-852802-10-2-5	PYL		33 00		
37	12/01/08	11/08	19-852802-11-2-5	PYL		50 00	33.00	
38	12/12/08	12/08	19-852802-12-2-5		83 00		116.00	1/01/09
39	1/12/09	01/09	19-852802-11-2-5	CAN		33 00		
40	1/12/09	01/09	19-852802-12-2-5	CAN		83 00	00	

Mo ___ Yr ___ <--Goto 903 00 903 00 = Bottom 00

F2=FASTPATH F5=SEARCH F8=A/R CURRENT F10=More F13=ALL NOTES
 F3=EXIT F9=MAST ADJUST F12=PREVIOUS F23=PRINT

Southern District of Ohio Claims Register

2 08-bk-62733 Triad Resources, Inc

Judge: C Kathryn Preston

Chapter: 11

Office: Columbus

Last Date to file claims: 05/25/2009

Trustee:

Last Date to file (Govt):

<p><i>Creditor</i> (12280076) Dodson Pest Control PO Box 10249 Lynchburg VA 24506</p>	<p>Claim No 114 <i>Original Filed</i> <i>Date</i> 04/15/2009 <i>Original Entered</i> <i>Date</i> 04/16/2009</p>	<p><i>Status</i> <i>Filed by</i> CR <i>Entered by</i> 2kab, <i>Modified</i></p>
<p>Unknown claimed \$218 00</p> <p>Total claimed \$218.00</p>		

<i>History</i>	
<u>Details</u>	114-1 04/15/2009 Claim #114 filed by Dodson Pest Control, total amount claimed \$218 (2kab)
<i>Description</i>	
<i>Remarks</i>	

Claims Register Summary